



Purchase Voucher

Agency: 529
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01157458

Payee Name / Address:

THE HEIDI GROUP
PO BOX 2050
ROUND ROCK, TX 786802050

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1742757919/2/000

Freight Amount: \$0.00
Gross Amount (includes Frt.): \$65,207.09
Discount Amt Taken: \$0.00
Payment Amount: **\$65,207.09**

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT
1	0000096282	0		529-16-0132-00006	529-16-0132-00006 (Contract	\$65,207.09
ShipTo ID				Non-HHSAS Cntrct ID	SEPT	
1326				529-16-0132-00006 Te)		
Contract #				Wkfc	Org PmtDt	IC
529-16-0132-00006				N		
Account				Entry Event	Fund	Dept.
1.1				762300	0001	MHTWG
Open Item Key:				Program	Class	Budget Ref
				1011P	03150	2017
				Pri/Grant	Amount	
				GR	\$65,207.09	
				Conf:N	Certified Amt: 0.00	

Descriptive Legal Text (DLT Comments):

DOS: 092016

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

NOV 30 2016

11/29/2016

Approved By

Approver Phone(Area+Number)

Date Approved

Date Entered into HHSAS

Gonzalez, Maria Gina (ONL UID)

Approved By

Approver Phone(Area+Number)

Date Approved

Entered By

Contact Name

Contact Phone(Area+Number)

PURCHASE VOUCHER

(Shaded areas not used by Agency 529)

Page 1 of 1

1. Active document number		2. Agency number 529		3. Agency name Health & Human Services Commission				4. Current document number 01157418			
		5. Effective date		6. Original date		7. CONF		8. Doc agency 529			
9. Texas Identification number 17427579192000				10. PDT		12. Purchase Order number 96282 0000063282		13. Document amount \$65,207.09			
14. Payee name / address The Heidi Group PO Box 2050 Round Rock, TX 78680-2050								17. AGENCY USE			
18 SFX 001		APPR		Fund		Invoice date		Invoice number / Account Number			
		DeptID/Speedchart MHTWG				Requested Payment Date 3 days		Interest Control			
						Reason Code					
18 SFX 001		APPR		Fund		Invoice date		Invoice number / Account Number			
		DeptID/Speedchart				Requested Payment Date		Interest Control			
						Reason Code					
18 SFX 001		APPR		Fund		Invoice date		Invoice number / Account Number			
		DeptID/Speedchart				Requested Payment Date		Interest Control			
						Reason Code					
19. SERVICE / DEL DATE September 2016		20. DESCRIPTION OF GOODS OR SERVICES Reimbursement for services as specified in the contract between Health and Human Services Commission and The Heidi Group Program: Healthy Texas Women Contract Term: July 15, 2016 thru August 31, 2017 HHSC Doc # 529-16-0132-00006 Type of Entity: non profit corporation <i>3-day Pay</i>				21. QUANTITY		22. UNIT PRICE		23. AMOUNT 65,207.09	
24. VENDOR CERTIFICATION Vendor Contact Name Carol Everett		Phone (Area code and number) 512-255-2088				25. Entered by <i>[Signature]</i>					
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The Invoices for the goods and services are correct. This payment complies with the General Appropriations Act.											
Agency contact/preparer SIGN HERE		Printed Name				Phone (Area code and number)		Date			
Agency Approver SIGN HERE Kim Relph		Printed Name Kim Relph				Phone (Area code and number) 512-776-6443		Date 11/10/2016			

**Texas Health and Human Services Commission
Form B-13H**

Agency Name: The Heidi Group

Supporting Schedule for Healthy Texas Women Reimbursement Vouchers			
	Column A	Column B	Column C
1	Total Allowable HTW Cumulative Expenses Incurred: "B"=Date-Month and year expenses incurred through "C"=Amount of cumulative HTW eligible client services expenses (Value of in-kind contributions should only be reported on line 15)	September, 2016	103,791.89
2	Program Income (Cumulative):		
3	HTW Fee-For-Service Reimbursements from TMHP	5,005.62	
4*	Sub Total - Program Income ⇒⇒⇒⇒		5,005.62
5*	Gross Cumulative HTW Reimbursable Expenses		98,786.27
6	Total Award Amount of the HTW Categorical Contract	1,649,531.00	
7*	Non HHSC Funding Expended – If Column C Line 5 is greater than Column B Line 6, then C5 - B6 = C7. Otherwise, Column C Line 7 will be zero.		0.00
8*	Net Cumulative HTW Reimbursable Expenses		98,786.27
9	Less: Gross Reimbursements Requests Previously Submitted to HHSC (Cumulative)		33,579.18
10*	Gross Reimbursement Requested this Voucher		65,207.09
11	Less: Refunds or Other Adjustments (if any)		0.00
12*	Net Reimbursement Requested this Voucher (Negative amount at end of contract term indicates a refund to HHSC)		\$65,207.09
13*	Total Cumulative Non HHSC Funding Expended (This amount must be the same as the Cumulative Non-HHSC Funding on the Quarterly FSR).		0.00

* = Indicates a built in calculation. Do not change formulas.

I certify that to the best of my knowledge and belief that the information contained in this report is correct and complete.

Signature of Authorized Certifying Official (signature not necessary for HTW program)	10/24/2016
Carol Everett	512-255-2088

This completed form must be submitted with each reimbursement voucher (Form B-13) and Quarterly Financial Status Report

Health & Human Services Commission

Purchase Order CHANGE ORDER

Dispatch via Print

Payment Terms Net 30	Freight Terms FOB Dest. Prepaid & All	Ship Via BEST WAY	Purchase Order 52900-7-0000096282
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date 09/01/2016
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1 - 10/11/2016
			Page 1
			Ship To: Contract Oversight & Support HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Ste M550 Austin TX 78756 United States

Vendor: 1742757919
THE HEIDI GROUP
PO BOX 2050
ROUND ROCK TX 786802050

Bill To: Health & Human Services Commission
Mail Code: 3500
4900 N. Lamar Blvd, 5th Floor
Austin TX 78751
United States

Purchaser: Marshall, Carol Beth (PCS) 512-406-2476

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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Terms and Conditions are attached.

HHSAS Contract # 529-16-0102-00006
Purchase Order Term: 7/15/2016 - 8/31/2017
FY16 Term: 07/15/2016-8/31/2016 NTE \$549,800.00 Req. 73
FY17 Term 9/1/16 - 8/31/17 NTE \$1,099,731.00

This purchase order is issued in accordance with Texas Government Code, Section 2155.144 and Title 1, Texas Administrative Code, §391.205 (b) (5) Enrollment contract

Confirmation order DO NOT DUPLICATE

Agency Contact: Camille Laosebikan
Phone: 512-776-3561
Email: Camille.laosebikan@hhsc.state.tx.us

HHS-PCS Purchasing Contact: Carol Marshall, CTPM
Phone: 512-406-2476
Email: carol.marshall2@hhsc.state.tx.us

PCC EX/0

1- 1		1.00 LOT	1,099,731.00000	1,099,731.00	09/22/2016
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Contract 529-16-0132-00006 Term
7/15/16 thru 8/31/17 Budget
Year 2017 952-58

Schedule Total 1,099,731.00

Contract ID: 529-16-0132-00006 Contract Line: 0 Release: 2

Item Total for Line 1 1,099,731.00

Total PO Amount 1,099,731.00

Health & Human Services Commission

Purchase Order CHANGE ORDER

Dispatch via Print

Payment Terms Net 30	Freight Terms FOB Dest. Prepaid & All	Ship Via BEST WAY	Purchase Order <div style="text-align: right; font-weight: bold; font-size: 1.2em;">52900-7-0000096282</div>
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date 09/01/2016
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1 - 10/11/2016
			Page 2

Vendor: 1742757919
 THE HEIDI GROUP
 PO BOX 2050
 ROUND ROCK TX 786802050

Ship To: Contract Oversight & Support
 HEALTH & HUMAN SERVICES COMMISSION
 1100 W 49th St
 PO Box 149347
 Ste M550
 Austin TX 78756
 United States

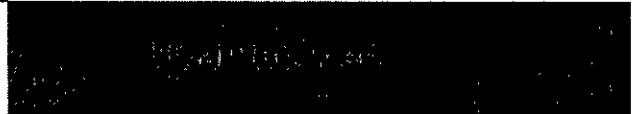
Bill To: Health & Human Services Commission
 Mail Code: 3500
 4900 N. Lamar Blvd, 5th Floor
 Austin TX 78751
 United States

Purchaser: Marshall, Carol Beth (PCS) 512-406-2476

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.



Banda,Joe (HHSC)

From: Huang,Diane (HHSC/DSHS)
Sent: Tuesday, November 29, 2016 10:16 AM
To: Banda,Joe (HHSC)
Cc: Quintanilla,Sarah (HHSC/DSHS); Mendoza,Rudy (HHSC/DSHS)
Subject: FW: Voucher Approval - HTW - Heidi Group 092016
Attachments: September 2016 HHSC Purchase Voucher FY17 - HTW 4116.xls; September 2016 B-13H HHSC.xls

Good morning Joe,

Rudy stated that he returned the voucher to me. If so, I should have routed the voucher to HHSC AP. Could you please check if your group has this voucher? Thank you!

Diane Huang
Claims Unit
Health & Human Services Commission
diane.huang@hhsc.state.tx.us
☎ (512)776-2245 📧 Mail Code: 1940

From: Mendoza,Rudy (HHSC/DSHS)
Sent: Tuesday, November 29, 2016 9:53 AM
To: Huang,Diane (HHSC/DSHS) <Diane.Huang@hhsc.state.tx.us>
Subject: RE: Voucher Approval - HTW - Heidi Group 092016

Diane,

Healthy Texas Women went Joe Banda's group I believe. I believe I returned this voucher along with other to you

From: Huang,Diane (HHSC/DSHS)
Sent: Monday, November 28, 2016 11:17 AM
To: Mendoza,Rudy (HHSC/DSHS) <Rudy.Mendoza@hhsc.state.tx.us>
Cc: Quintanilla,Sarah (HHSC/DSHS) <Sarah.Quintanilla@hhsc.state.tx.us>; Banda,Joe (HHSC) <Joe.Banda@hhsc.state.tx.us>
Subject: FW: Voucher Approval - HTW - Heidi Group 092016
Importance: High

Rudy,

The attached voucher was logged and assigned to you on 11/15/16. Could you reply to the inquiry of the payment status below? Thanks!

HHSC_Invoice_Tracking32: Database- CAUsers\duang742.DSHS\Desktop\HHSC_Invoice_Tracking32.accde (Access 2007 - 2013 file format) - Acc... X

UPDATES AVAILABLE Updates for Office are ready to be installed, but first we need to close some apps: [Update now](#) X

Invoice Tracking X

INVOICE TRACKING SYSTEM

LOG INVOICE

Vendor ID:

Vendor Name:

Invoice No: [Generate](#)

Amount:

Invoice Received Date:

Assign To:

PO:

Contract:

Date Assigned:

Date Logged: [Count Emails](#)

Log By: [Log New Invoice](#) [Delete](#)

PROCESS INVOICE

PAYMENT DUE IN 12 DAY(S)

Interest To Date:

Payment Due Date:

Service Date:

Voucher ID:

Comment

[Attach or view files:](#)

[Find](#) [Update](#) [Outsheet](#) [Pending](#)

[Other Functions](#) [Print](#) [Refresh](#)

Diane Huang
 Claims Unit
 Health & Human Services Commission
diane.huang@hhsc.state.tx.us
 ☎ (512)776-2245 📧 Mail Code: 1940

From: Relph, Kim H (HHSC)
Sent: Monday, November 28, 2016 11:05 AM
To: Huang, Diane (HHSC/DSHS) <Diane.Huang@hhsc.state.tx.us>; Quintanilla, Sarah (HHSC/DSHS) <Sarah.Quintanilla@hhsc.state.tx.us>; Banda, Joe (HHSC) <Joe.Banda@hhsc.state.tx.us>
Subject: FW: Voucher Approval - HTW - Heidi Group 092016
Importance: High

I got a call from this contractor this morning wanting to know where their payment is. The voucher was received 10/24/16 and HHSAS doesn't show it paid. Could someone get this one in the system today? Not sure who has it. I usually send HTW vouchers to HHSC_AP but this one got sent to DSHS AP. Please let me know what you find. Thanks in advance for looking into this one and getting it paid quickly!

Kim Relph, Contract Specialist
 Health & Human Services, Austin TX
 Medical & Social Services Division
 Women's Health & Education Services

Contract Support, Mail Code 1326
phone: 512-776-6443

From: Relph, Kim H (HHSC)
Sent: Thursday, November 10, 2016 10:21 AM
To: Huang, Diane (HHSC/DSHS) <Diane.Huang@hhsc.state.tx.us>; Quintanilla, Sarah (HHSC/DSHS) <Sarah.Quintanilla@hhsc.state.tx.us>
Subject: Voucher Approval - HTW - Heidi Group 092016

This voucher is coded and approved for encumbered payment. Thank you.

Kim Relph, Contract Specialist
Health & Human Services, Austin TX
Medical & Social Services Division
Women's Health & Education Services
Contract Support, Mail Code 1326
phone: 512-776-6443

From: HHSC Women's Health Services (WHS) Finance
Sent: Monday, November 07, 2016 3:34 PM
To: Relph, Kim H (HHSC) <Kim.Relph@hhsc.state.tx.us>
Subject: FW: September Purchase Voucher

From: HTW Billing [<mailto:htwbilling@heidigroup.org>]
Sent: Monday, October 24, 2016 11:47 AM
To: HHSC Women's Health Services (WHS) Finance <WHSFinance@hhsc.state.tx.us>
Subject: September Purchase Voucher

Good Morning!
Please find the September purchase voucher and Form B-13H for The Heidi Group.

Thank you!

The Heidi Group
(512) 255-2088 | HTWbilling@heidigroup.org
www.heidigroup.org